

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071821

**Entity Name:** NORMANDY ESTATES, LLC

**Current Principal Place of Business:**

8800 NORTH BRONX AVENUE  
2ND FLOOR  
SKOKIE, IL 60077

**Current Mailing Address:**

8800 NORTH BRONX AVENUE  
2ND FLOOR  
SKOKIE, IL 60077 US

**FEI Number:** 80-0226588

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	SIGNATORY
Name	LFWP MANAGER, LLC	Name	BUELTMANN, TOM
Address	8800 NORTH BRONX AVENUE 2ND FLOOR	Address	8800 NORTH BRONX AVENUE 2ND FLOOR
City-State-Zip:	SKOKIE IL 60077	City-State-Zip:	SKOKIE IL 60077

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOM BUELTMANN

**ANNUAL REPORT SIGNER** 04/08/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date